



REDACTED - FOR PUBLIC INSPECTON

June 27, 2016

Ms. Marlene H. Dortch
Office of the Secretary
Federal Communications Commission
445 12th Street. SW
Room TW-A325
Washington, DC 20554

Re: WC Docket No. 10-90, 11-42, 14-58: Form 481 - Annual Reporting Requirements for High-Cost and Low Income Recipients

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules, enclosed is a redacted version of the Form 481 Annual Reporting Requirements and Certifications for Ace Telephone Association, Study Area Codes 361346. Ace Telephone Association is a state-designated ETC, and as such, is submitting to the Commission information from FCC Form 481. This filing contains public information.

A confidential "trade secret" filing pursuant to 47 C.F.R. §0.459 – Requests that materials or information submitted to the Commission be withheld from public inspection was also made under the Docket 10-90, 11-42 and 14.58.

Should you have any questions, please contact me via e-mail at csweet@acentek.net or by phone at 507/896-6211.

Sincerely,

A handwritten signature in blue ink, appearing to read "Cynthia Sweet".

Cynthia Sweet
Controller

Enclosures

FCC Form 481 - Carrier Annual Reporting
Data Collection Form**REDACTED FOR PUBLIC INSPECTION**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	361346
<015>	Study Area Name	ACE TEL ASSN-MN
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	csweet@acentek.net
	Form Type	54.313 and 54.422

(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	361346
<015>	Study Area Name	ACF TEL ASON-MI
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acntek.net

<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

361346MN112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Yes</td></tr> </table>	Yes
Yes			
<114>	Report how much universal service (USF) support was received	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Yes</td></tr> </table>	Yes
Yes			
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Yes</td></tr> </table>	Yes
Yes			
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Yes</td></tr> </table>	Yes
Yes			
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Yes</td></tr> </table>	Yes
Yes			
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Yes</td></tr> </table>	Yes
Yes			

REDACTED FOR PUBLIC INSPECTION

(200) Service Outage Reporting (Voice) FCC Form 481
 Data Collection Form OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	261346
<015>	Study Area Name	ACE TEL AGEN-HN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<210> For the prior calendar year, were there any reportable voice service outages?

No

[illegible]

REDACTED FOR PUBLIC INSPECTION

Page 4

(300) Unfulfilled Service Request Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	341346
<015> Study Area Name	ACE TEL ASN-901
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	507896211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<300> Unfulfilled service request (voice)	0
---	---

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

0

<330> Detail on attempts (broadband)

Name of Attached Document

Page 4

(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010>	Study Area Code	361266
<015>	Study Area Name	ACTE TEL AISH-HH
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078964211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@actek.net
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0.0
<450>	Complaints per 1000 customers for mobile broadband	

REDACTED FOR PUBLIC INSPECTION

Page 6

(500) Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	361346
<015>	Study Area Name	ACE TEL AREA-NX
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	8078964211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acetek.net
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes

<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance
361346MNS10.pdf

<010>	Study Area Code	361346
<015>	Study Area Name	ACK TEL ASST-MR
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	807966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cawest@centek.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	3613460610.pdf

REDACTED FOR PUBLIC INSPECTION

[illegible]

REDACTED FOR PUBLIC INSPECTION

(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	761746
<015>	Study Area Name	ACE TEL ALBN-MN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078964211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

[illegible]

REDACTED FOR PUBLIC INSPECTION

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	361346
<015>	Study Area Name	A-F TEL ASSN-NRI
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078766211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centex.net
<810>	Reporting Carrier	Ace Telephone Association
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Association

[illegible]

REDACTED FOR PUBLIC INSPECTION

Page 11

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010> Study Area Code	341346
<015> Study Area Name	ACE TBL ASGN-MH
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acenter.net

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

Page 11

REDACTED FOR PUBLIC INSPECTION

Page 12

(1000) Voice and Broadband Service Rate Comparability Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	361346
<015> Study Area Name	ACB TEL AISHN-MN
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	cwsweet@centel.net

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 361346MN1010.pdf

Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance 361346MN1030.pdf

Name of Attached Document

Page 12

(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481
	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	361346
<015>	Study Area Name	ACB TEL ASSN-MI
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

<1100> Certify whether terrestrial backhaul options exist (Y/N)

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010>	Study Area Code	361346
<015>	Study Area Name	ACE TEL. ASSN-MN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078946211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,

☒
- <1222> Details on the number of minutes provided as part of the plan,

☒
- <1223> Additional charges for toll calls, and rates for each such plan.

☒

REDACTED FOR PUBLIC INSPECTION

Page 15

(2000) Price Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		July 2013

<010>	Study Area Code	361346
<015>	Study Area Name	ACB TEL ASSN-MN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5074944211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acenter.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<p><2010> 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support</p> <p><2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support</p> <p><2022> Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.</p> <p><2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only.</p> <p><2024A> Round 2 Recipient of Incremental Support?</p> <p><2024B> Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.</p> <p><2025A> Round 1 or Round 2 Recipient of Incremental Support?</p> <p><2025B> Attach geocoded information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund, WC Docket 10-90, Report and Order, FCC 13-</p> <p><2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)</p>	<div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px auto;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px auto;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px auto;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px auto;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px auto;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px auto;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px auto;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px auto;"></div>	<p>Name of Attached Document Listing Required Information</p> <div style="border: 1px solid black; width: 150px; height: 30px; margin: 5px auto;"></div> <p>Name of Attached Document Listing Required Information</p> <div style="border: 1px solid black; width: 150px; height: 30px; margin: 5px auto;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px auto;"></div>
--	---	--

Page 15

REDACTED FOR PUBLIC INSPECTION

Page 16

(2000) Price Cap Carrier Additional Documentation (Continued)
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

Name of Attached Document Listing
Required Information

<2018> cap carrier used for capital expenditures in 2015.
Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

Page 16

<010>	Study Area Code	361346
<015>	Study Area Name	ACE TEL ASSN-MN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	
(3010A)	Milestone Certification (47 CFR § 54.313(f)(1)(i))	Yes - Attach Certification
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3012A)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	No - No New Community Anchors
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No) <input checked="" type="radio"/> Yes <input type="radio"/> No
(3014)	If yes, does your company file the RUS annual report	(Yes/No) <input type="radio"/> Yes <input checked="" type="radio"/> No
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No) <input checked="" type="radio"/> Yes <input type="radio"/> No
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input checked="" type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.	<input checked="" type="checkbox"/>
	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information

REDACTED FOR PUBLIC INSPECTION

Page 18

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	361346
<015> Study Area Name	ACR TEL ASBY-HQ
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	c.sweet@acenter.net

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

Name of Attached Document Listing Required Information

Page 18

(4005) Rural Broadband Experiment Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	361346
<015>	Study Area Name	ACE TUL ARDEN-HOI
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078566211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acecenter.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information _____

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information _____

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information _____

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	361346
<015> Study Area Name	ACE TEL ASSN-MN
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: ACE TEL ASSN-MN	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/22/2016
Printed name of Authorized Officer: Todd Roesler	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5078966292 ext.	
Study Area Code of Reporting Carrier: 361346	Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001	

REDACTED FOR PUBLIC INSPECTION

Page 21

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	361346
<015> Study Area Name	ACR TEL ASSN-MN
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Name of Authorized Agent Employee: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Page 21

REDACTED FOR PUBLIC INSPECTION

Attachments

REDACTED FOR PUBLIC INSPECTION

(700) Price Offerings Including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	361346
<015>	Study Area Name	ACR TEL ABSEN MN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Swent
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	CYNTHIA@CACR.NG.MIL

<701>	Residential Local Service Charge Effective Date	1/1/2016
<702>	Single State-wide Residential Local Service Charge	

<703>

[illegible]

REDACTED FOR PUBLIC INSPECTION

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	361346
<015>	Study Area Name	ACE TEL ASSN-HOI
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078944211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cawest3@centek.net

[illegible]

REDACTED FOR PUBLIC INSPECTION

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	761346
<015>	Study Area Name	ACE TEL ASSN-RN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acetek.net
<810>	Reporting Carrier	Ace Telephone Association
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Association

[illegible]

REDACTED FOR PUBLIC INSPECTION

Study Area Name: Ace Telephone Association

SAC: 361346

State: Minnesota

Form 481

ATTACHMENT REDACTED IN ENTIRETY

112 Five-Year Service Quality of Service Plan

113 Maps detailing progress

114 Report how much USF support was received

115 How much (USF) was used to improve service quality

116 How much (USF) was used to improve service coverage

117 How much (USF) was used to improve service capacity

118 Explanation of network improvement targets not met

REDACTED FOR PUBLIC INSPECTION

Study Area Name: Ace Telephone Association

Study Area Code: 361346

State: Minnesota

Form 481 Line Number 510 Compliance with Service Quality Standards and Consumer Protection

As a local exchange carrier, Ace Telephone Association (Carrier) is obligated to comply with the numerous consumer protections and has established operating procedures designed to facilitate compliance with such consumer protections rules and service quality standards. As part of the operating procedures, appropriate training is conducted for employees.

Carrier is in compliance with all applicable and effective public service commission and FCC consumer protection rules and service quality standards. Carrier has a Customer Proprietary Network Information (CPNI) Manual which reflects the FCC's current CPNI rules. Carrier has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

As required by the Minnesota Administrative Rule "7812.0700 Minnesota General Service Quality Requirements, Subpart 1" the local services provided by Carrier are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Minnesota Public Utility Commission orders and rules including:

7810.0100 DEFINITIONS

7810.0200 SCOPE

7810.0300 STATUTORY AUTHORITY

RECORDS AND REPORTS

7810.0400 RETENTION OF RECORDS

7810.0500 DATA TO BE FILED WITH THE COMMISSION

7810.0600 REPORT TO COMMISSION ON SERVICE DISRUPTION

7810.0900 LOCATION OF RECORDS

CUSTOMER RELATIONS

7810.1000 INFORMATION AVAILABLE TO CUSTOMER AND PUBLIC

7810.1100 COMPLAINT PROCEDURES

7810.1200 RECORD OF COMPLAINT

CUSTOMER BILLING; DEPOSIT AND GUARANTEE REQUIREMENTS

7810.1400 CUSTOMER BILLING

7810.1500 DEPOSIT AND GUARANTEE REQUIREMENTS

7810.1600 DEPOSIT

7810.1700 GUARANTEE OF PAYMENT

DISCONNECTION OF SERVICE; SERVICE DELAY

7810.1800 PERMISSIBLE SERVICE DISCONNECTIONS WITH NOTICE

7810.1900 PERMISSIBLE SERVICE DISCONNECTIONS WITHOUT NOTICE

7810.2000 NONPERMISSIBLE REASONS TO DISCONNECT SERVICE

7810.2100 MANNER OF DISCONNECTION

7810.2200 RECONNECTION OF SERVICE

7810.2300 NOTICE REQUIREMENTS

7810.2400 BILL DISPUTES

7810.2500 ESCROW PAYMENTS

7810.2600 WAIVING RIGHT TO DISCONNECT; EMERGENCY STATUS

7810.2800 DELAY IN INITIAL SERVICE OR UPGRADE

Study Area Name: Ace Telephone Association

Study Area Code: 361346

State: Minnesota

Form 481 Line Number 510 Compliance with Service Quality Standards and Consumer Protection

DIRECTORIES

7810.2900 CONTENT OF DIRECTORIES

7810.3000 MAINTENANCE OF PLANT AND EQUIPMENT

7810.3100 EMERGENCY OPERATIONS

ENGINEERING

7810.3200 CONSTRUCTION OF TELEPHONE PLANT

7810.3300 MAINTENANCE OF PLANT

7810.3900 EMERGENCY OPERATIONS

INSPECTIONS, TESTS, SERVICE REQUIREMENTS

7810.4100 ACCESS TO TEST FACILITIES

7810.4300 ACCURANCE REQUIREMENTS

7810.4900 ADEQUACY OF SERVICE

7810.5000 UTILITY OBLIGATIONS

7810.5100 TELEPHONE OPERATORS

7810.5200 ANSWERING TIME

7810.5300 DIAL SERVICE REQUIREMENTS

7810.5400 INTEROFFICE TRUNKS

7810.5500 TRANSMISSION REQUIREMENTS

7810.5800 INTERRUPTIONS OF SERVICE

7810.5900 CUSTOMER TROUBLE REPORTS

7810.6000 PROTECTIVE MEASURES

7810.6100 SAFETY PROGRAM

REDACTED FOR PUBLIC INSPECTION

Study Area Name: Ace Telephone Association

Study Area Code: 361346

State: Minnesota

Form 481 Line Number 610

Certification that the carrier is able to function in emergency situations

Ace Telephone Association (Carrier) is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. Carrier has backup battery reserve which enables it to provide service for a minimum of eight hours. Carrier's service is consistent with requirements and the obligations to provide service in emergency situations as set forth in § 54.202(a)(2).

Carrier's network is engineered to provide maximum capacity in order to handle excess traffic in the event of traffic spikes resulting from emergency situations. Carrier has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

Pursuant to Minnesota Administrative Rule "7810.390 Emergency Operations" Carrier has:

- Established reasonable provisions to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in traffic, illness of operators or from fire, storm or acts of God including provisions for emergency power that meet or exceed the rule requirement to provide:
 - A minimum of four hours of battery service in each central office
 - A permanently installed power unit in exchanges exceeding 5,000 lines
 - Mobile power units that can be delivered on short notice and which can be readily connected in offices without installed emergency power facilities
- Has informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.

REDACTED FOR PUBLIC INSPECTION

Study Area Name: Ace Telephone Association

Study Area Code: 361346

State: Minnesota

Form 481 Line Number 1010

Descriptive document for Voices Services Rate Comparability

The Wireline Competition Bureau announced the results of the Urban Rate Survey for Fixed Voice Services.

“Based on the survey results, the 2016 rate floor for voice services is \$21.93, and the reasonable comparability benchmark for voice services is \$41.07. ³

³ Id. At 17694, para. 84”

In all exchanges of Ace Telephone Association, the residential local service rate including any mandatory extended area service charge, federal SLC, and any applicable state fees is less than \$41.07.

Ace Telephone Association certifies that the pricing of its fixed voice services is below \$41.07.

REDACTED FOR PUBLIC INSPECTION

Study Area Name: Ace Telephone Association

Study Area Code: 361346

State: Minnesota

Form 481 Line Number 1030

Descriptive document for Broadband Service Rate Comparability

The Wireline Competition Bureau announced the results of the Urban Rate Survey for Broadband Services.

“To facilitate benchmark calculations, the Bureau will post an Excel file and online tool in which providers can plug the relevant variables to determine the benchmark for specific service characteristics at <http://www.fcc.gov/encyclopedia/urban-rate-survey-data>.”

Ace Telephone Association certifies that it offers a Broadband service to residential subscribers at pricing that is no more than the applicable benchmark rate.

REDACTED FOR PUBLIC INSPECTION

Study Area Name: Ace Telephone Association

Study Area Code: 361346

State: Minnesota

Line 1210 Terms and Conditions for Voice Lifeline Customers

Ace Telephone Association does adhere to all Federal Lifeline eligibility rules and regulations.

Ace Telephone Association all so adheres to Minnesota Administrative Rule 7812.06000 – Basic Service Requirements.

Subpart 1. Required services. A local service provider (LSP) shall provide, as part of its local service offering, the following to all customers within its service area:

- A. single party voice-grade service and touch-tone capability;
- B. 911 or enhanced 911 access;
- C. + intraLATA and interLATA pre-subscription and code-specific equal access to interexchange carriers subscribing to its switched access service;
- D. access to directory assistance, directory listings, and operator services;
- E. toll and information service-blocking capability without recurring monthly charges as provided in the commission's ORDER REGARDING LOCAL DISCONNECTION AND TOLL BLOCKING CHARGES, Docket No. P-999/CI-96-38 (June 4, 1996), and its ORDER GRANTING TIME EXTENSIONS AND CLARIFYING ONE PORTION OF PREVIOUS ORDER, Docket No. P-999 CI-96-38 (September 16, 1996), which are incorporated by reference, are not subject to frequent change, and are available through the statewide interlibrary loan system;
- F. one complete directory per year for each local calling area, which may include more than one local calling area, consistent with the customer option provisions of part 7810.2950 and, upon a customer's request and in the customer's preferred format among the formats offered by the local service provider, one copy of any other directory within the local calling area;
- G. a white pages and directory assistance listing, or, upon customer request, a private listing that allows the customer to have an unlisted or unpublished telephone number;
- H. call-tracing capability according to chapter 7813;
- I. blocking capability according to the commission's ORDER ESTABLISHING CONDITIONS FOR THE PROVISION OF CUSTOMER LOCAL AREA SIGNALING SERVICES, Docket No. P-999 CI-92-992 (June 17, 1993) and its ORDER AFTER RECONSIDERATION, Docket No. P-999/CI-92-992 (December 3, 1993), which are incorporated by reference, are not subject to frequent change, and are available through the statewide interlibrary loan system; and
- J. telecommunications relay service capability or access necessary to comply with state and federal regulations.

Ace Telephone Association does adhere to Minnesota Administrative Rule 237 Chapter 7817.0400 – Eligibility for Telephone Assistance Credits.

Subpart 1. Information provided. Each local service provider shall annually mail a notice of the availability of the telephone assistance plan to each residential subscriber in a regular billing. If a subscriber has chosen to receive the regular billing other than through U.S. mail, the local service provider shall send the notice in a regular billing using the delivery method chosen by the subscriber for delivery of the regular billing. The notice must state the following: YOU MAY BE ELIGIBLE FOR ASSISTANCE IN PAYING YOUR TELEPHONE BILL IF YOU RECEIVE BENEFITS FROM CERTAIN LOW-INCOME ASSISTANCE PROGRAMS OR MEET CERTAIN INCOME LIMITS. FOR MORE INFORMATION OR AN APPLICATION FORM PLEASE CONTACT On request, the local service provider

REDACTED FOR PUBLIC INSPECTION

shall mail to a person an application form developed by the commission and the Department of Commerce, and a brochure that describes the telephone assistance plan's eligibility requirements and application process.

Subp. 2. Application process. On completing and signing the application certifying under penalty of perjury that the information provided by the applicant is true and that the statutory criteria for eligibility are satisfied, the applicant must return it to the local service provider for enrollment in the telephone assistance plan. An application may be made by the subscriber, the subscriber's spouse, or a person authorized by the subscriber to act on the subscriber's behalf.

Subp. 4. Eligibility criteria. To be eligible for a telephone assistance credit the applicant must:

- A. be a subscriber who resides in Minnesota or has moved to Minnesota and intends to remain; and
- B. be eligible for the federal Lifeline telephone service discount.

Subp. 7. Applicant and recipient responsibilities. Each applicant and each recipient shall provide current information to the local service provider about permanent changes that affect the applicant's or recipient's eligibility.

Subp. 8. Local service provider responsibilities.

A. A local service provider shall begin providing telephone assistance credits to an applicant in the earliest possible billing cycle but not later than the second billing cycle following the submission of a completed application demonstrating eligibility. If certified, the local service provider shall notify the applicant by, for example, placing telephone assistance credits on the bill.

B. If an applicant is denied eligibility, the local service provider shall notify the applicant in writing of the reasons for the denial, of the right to appeal, and of the right to reapply.

Ace Telephone Association Lifeline service offering are listed in their Local Exchange Service Tariff P.S.C. of MN No. 2, Section 5 Revised Sheet 1 through 4. All Lifeline subscribers must meet the terms and conditions of the Federal Lifeline Eligibility Rules and Minnesota Administrative Rule 7817.0400.

On the following pages is the information regarding low-income telephone assistance that is found on Company's website www.acentek.net.



For Sales & Support Call:
888.404.4940



[Home](#) [Residential](#) [Business](#) [Support](#) [My Account](#) [Company Info](#) [Careers](#)



LIFELINE

[MINNESOTA / IOWA](#) > [RESIDENTIAL](#) > [VOICE](#) > [LIFELINE](#)

Residential

[Voice](#)
[Local Service](#)
[Long Distance](#)
[Voice Mail](#)
[Features](#)
[Internet](#)
[Video](#)
[MedAlert](#)
[AcenTek Assurance](#)

Business

Customer Support

Low-Income Telephone Assistance Plans

On a limited income? You can save with Lifeline services from AcenTek. This federal assistance program can help you save on your monthly local phone service.

Services Provided

AcenTek provides single-party residential services. This includes access to:

1. voice grade to the public switched network,
2. local usage,
3. dual tone, multi-frequency signaling or its functional equivalent,
4. single-party service or its functional equivalent,
5. emergency services,
6. operator services,
7. inter-exchange service,
8. directory assistance, and
9. toll limitation for qualifying low-income customers.

Lifeline

Lifeline provides certain discounts on monthly service for qualified subscribers.

How to Qualify

Lifeline is available to qualifying customers in every U.S. state. Qualifications do vary by state, and states with their own programs have their own criteria. In states that rely solely on the federal program, the subscriber must participate in one of the following programs:

- Federal Public Housing Assistance
- Food Stamps
- Low-Income Home Energy Assistance Program (LIHEAP)
- Income below 135% of the Federal Poverty Guidelines
- Medicaid
- National School Lunch's Free Lunch Program
- Supplemental Security Income (SSI)
- Temporary Assistance to Needy Families (TANF)

Please be aware that only one Lifeline discount may be received per household, even if the household has more than one telephone account, including land line or wireless phone service. Lifeline service is not transferable, and only eligible consumers may enroll in the program. Documentation of eligibility is required to enroll.

[Click here to download the two-page certification form \(PDF\).](#) Call Customer Service for more information.

TAP (Telephone Assistance Plan), available to low-income residents in Minnesota, provides an additional credit to customers that qualify for a Lifeline discount.

Company

[About Us](#)

Services

[Residential](#)

Service Areas

[Iowa](#)



Lifeline, Link-Up & TAP Programs Certification Form

The information on this application is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance. Link-Up is only available for tribal lands, and TAP is only available to Minnesota residents.

(Please Print)

Last Name _____ First Name _____ Middle _____

Service Address: *(No PO Box)*

Street Address _____ City _____ State _____ Zip _____

Check One: ☐ Permanent Residential Address ☐ Temporary Residential Address *(must verify every 90 days)*

Billing Address: *(if different than residential address above, may include PO Box)*

Street Address _____ City _____ State _____ Zip _____

Your Telephone Number: _____ Telephone Number where you can be reached if not the same: _____

(____) - _____ Area Code & 7-Digit Number (____) - _____ Area Code & 7-Digit Number

No. of people living in your household _____ Date of Birth: (mm/dd/yyyy) _____

Last 4 digits of Social Security #: _____

1. I, or my dependent or member of my household, receive benefits from the following program(s):

Check and attach documentation for all that apply

- ☐ Medicaid/Medical Assistance
- ☐ Federal Public Housing Assistance or Section 8 Assistance
- ☐ Supplemental Security Income (SSI)
- ☐ National School Free Lunch Program
- ☐ Bureau of Indian Affairs Program (Tribal TANF, Headstart Subsidy)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Food Assistance, Supplemental Nutrition Assistance Program (SNAP)
- ☐ Minnesota Family Investment Program (MFIP)
- ☐ Low-Income Home Energy Assistance (LIHEAP)

2. I do not receive benefits from any of the programs listed above BUT my income is at or below 135% of Federal Poverty Guideline: ☐ Yes ☐ No

Please attach one of the documents below if you did not check any boxes in #1.

- ◆ Last year's State, Federal, or Tribal Tax Return
- ◆ Social Security Benefits Statement
- ◆ Veteran's Administration Benefits Statement
- ◆ Retirement/Pension Benefits Statement
- ◆ Unemployment/Workmen's Compensation Statement
- ◆ Divorce Decree
- ◆ Child Support Document
- ◆ Other

3. I or someone in my household receive Lifeline credits from another source (i.e. cellular phone service). ☐ Yes ☐ No

*A "Household" is defined as any individual or group of individuals who are living together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household.

4. I live on tribal lands and am applying for a reduction of connection charges from Link-Up. ☐ Yes ☐ No

(continued on page 2)

REDACTED FOR PUBLIC INSPECTION

Lifeline, Link-Up & TAP Programs Certification Form

Page 2

By signing below, I certify under penalty of perjury the information contained within this certification form is true and correct to the best of my knowledge:

- ◆ I have read the information on this certification form and understand that I must meet the qualifications listed on this form to receive assistance from this program.
- ◆ I understand that I must be a part of the household in which Lifeline-supported service is provided.
- ◆ I understand that willfully providing false or fraudulent information to receive a Lifeline benefit is punishable by law.
- ◆ I understand that Lifeline is a federal government benefit program and willfully making false statements in order to obtain that benefit can be punished by fine or imprisonment, or that I can be barred from the program.
- ◆ I agree to provide documentation of my eligibility, when required to do so.
- ◆ By participating in this government program, I agree to provide my personal information to the national data base. I understand that failure to comply will deny me the Lifeline benefit.
- ◆ I acknowledge that a household is eligible to receive only one Lifeline service and to the best of my knowledge, my household is not already receiving a Lifeline service. A household is defined for Lifeline purposes as any group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive Lifeline benefits from multiple providers and violation would result in de-enrollment and potential prosecution by the United States government.
- ◆ I understand that I may not transfer my service to any other individual.
- ◆ I acknowledge that I may be required to re-certify my eligibility for Lifeline at any time and failure to re-certify my continued eligibility will result in de-enrollment and termination of Lifeline benefits.
- ◆ I understand that I must notify my telecommunications provider within 30 days if I no longer qualify for Lifeline service and may be subject to penalties if I fail to do so.
- ◆ If I move to a new address, I agree to provide my new address to my telephone provider within 30 days.
- ◆ I understand completion of this certification form does not constitute immediate acceptance into this program.

Applicant's Signature _____ **Date** _____

I am an "Authorized Representative" for this applicant and am submitting this form on behalf of this customer. I am willing to assist this applicant in seeking telephone service discounts.

Print "Authorized Representative" Name _____ **Daytime Phone Number** _____ **Date** _____

Mail this form and required documents to: AcenTek: 207 East Cedar, PO Box 360, Houston, MN 55943
Any documentation received will be securely retained and will not be shared.

Prompt return of this certification form to AcenTek is necessary to ensure proper credits to your account. Certified low-income telephone assistance subscribers will receive a re-certification form annually and must return that form to AcenTek within 30 days to ensure the continuation of assistance benefits.

SERVICE PROVIDER USE ONLY

Telephone Number Associated with Lifeline service: _____
Initiation Date: _____ De-enrollment Date: _____
Type of Documentation Reviewed: ☐ Award Letter ☐ Voucher ☐ Benefits Card ☐ Income Statement ☐ Other
Identifying Information of Document Submitted: _____
Documentation Expiration Date (if applicable): _____
Name on Documentation (if different from name of applicant): _____
Method Documentation was provided: ☐ In Person ☐ Fax ☐ Mail ☐ Electronically
Reviewed by: _____ Date Reviewed: _____

ACE TELEPHONE ASSOCIATION
d/b/a ACE COMMUNICATIONS GROUP
STATE OF MINNESOTA

P.S.C. OF MN NO. 2
Section 5
Revised Sheet 1

LOCAL EXCHANGE SERVICE

LIFELINE AND MINNESOTA TELEPHONE ASSISTANCE PLAN

1. Definitions

Lifeline is the local service offering that is available to low income consumers, for which such consumers pay reduced charges as a result of the federal support described in 47 CFR § 54.403 and Sections 6 and 7 below, and that includes the services required to be provided for federal universal service support eligibility under 47 CFR. § 54.101. The Telephone Assistance Plan (TAP) provides for additional state credits against the recurring monthly rates for the provision of local residential service for eligible residential subscribers.

2. Eligibility for the Federal Lifeline Credit

a. To qualify for the federal Lifeline credit the customer must be currently eligible for:

- Medical Assistance (MA)
- Food Support (food stamps)
- Supplemental Security Income
- Federal public housing assistance; or
- Low-Income Home Energy Assistance Program

b. Eligibility will be established by the Company obtaining from a customer a document signed by the customer certifying under penalty of perjury that the customer receives benefits from one of the above programs and identifying the program or programs from which the customer receives benefits. On the same document, a qualifying low-income customer must also agree to notify the Company if the customer ceases to participate in the program or programs.

c. When the Company is notified by the customer that the Customer no longer participates in such a program, the federal credits to that customer's monthly charges shall cease beginning with the start of the billing cycle beginning in the month after the month in which notification is received.

Issued By
David Freeman
Chief Operating Officer
207 East Cedar Street
Houston, Minnesota

Effective: August 1 2003
Authorized:

Dated: July 7, 2003

REDACTED FOR PUBLIC INSPECTION

ACE TELEPHONE ASSOCIATION
d/b/a Ace Communications Group
STATE OF MINNESOTA

P.S.C. OF MN NO. 2
Section 5
Revised Sheet 2

LOCAL EXCHANGE SERVICE

LIFELINE AND MINNESOTA TELEPHONE ASSISTANCE PLAN (Continued)

3. Eligibility for the State TAP Credit

a. General

TAP is a state sponsored assistance program under Minnesota Statutes Chapter 237 and is designed to make telephone service accessible to qualifying low-income residential households. Through this program, eligible households will receive a monthly discount on their telephone service.

4. Eligibility Requirements

2.1 This discount applies on a single line at the principal place of residence for the applicant.

2.2 Applicant signs document certifying under penalty of perjury that the customer receives benefits from at least one of the following programs:

- Medical Assistance (MA)
- Food Support (food stamps)
- Minnesota Family Investment Program (MFIP)
- Supplemental Security Income
- Federal Public Housing Assistance
- Low Income Home Energy Assistance Program

Individuals who do not qualify under any of the above but live on a federally recognized reservation may qualify if the applicant signs a document certifying under penalty of perjury that the applicant receives benefits from at least one of the following programs:

- Bureau of Indian Affairs General Assistance
- Tribally administered Temporary Assistance for Needy Families
- Head Start (only for those meeting its income qualifying standard)
- National School Lunch Program's free lunch program

2.3 Applicant agrees to notify the carrier if that customer ceases to participate in any of the above listed federal assistance programs.

5. Certification Revocation

If the Telephone Company discovers that conditions exist that disqualify the recipient of TAP, local service will be billed at full rate. The customer will be billed retroactively to whichever is the most recent of the dates TAP assistance commenced or the recipient no longer qualified for the service not to exceed 12 months.

Issued By:
David F. Freeman
Chief Operating Officer
207 East Cedar Street
Houston, Minnesota

Effective: August 1, 2003
Authorized:

Dated: July 7, 2003

ACE TELEPHONE ASSOCIATION
d/b/a Ace Communications Group
STATE OF MINNESOTA

P.S.C. OF MN NO. 2
Section 5
4th Revised Sheet 3

LOCAL EXCHANGE SERVICE

LIFELINE AND MINNESOTA TELEPHONE ASSISTANCE PLAN (Continued)

6. TAP Eligibility Mirrors the Federal Lifeline Program.

TAP Customers Eligible for Lifeline—These customers are eligible for the federal Lifeline support and a state TAP credit of up to \$3.50. The federal Lifeline credit shall be applied first to reduce the federal End-User Common Line Charge, with any remaining federal credit to be applied to reduce rates for residential service meeting the qualifications of 47 C.F.R., Section 54.101. The state TAP credit shall be applied to further reduce the rates charged for residential GENERAL SERVICES. The state TAP credit cannot exceed one-half the weighted average basic local service rate excluding the federal End-User Common Line Charge.

R

7. Regulations

- a. The federal Lifeline and state TAP credit will begin at the customer's earliest possible billing cycle but no later than the second billing cycle after the date the application for the federal Lifeline and state TAP credit is received by the company.
- b. A Service Charge shall not be billed to establish qualification for either the federal Lifeline or state TAP credit.
- c. When a customer enrolls for the state TAP credit, the Company is reimbursed for the cost of the service order activity.

8. Funding

The federal Lifeline credit is funded through the FCC universal service program. The state TAP credit shall be funded through the state Telephone Assistance Plan Surcharge on residence and business access lines which pay the 911 surcharge

9. Rates

The surcharge rate is the effective rate ordered by the Minnesota Public Utilities Commission. The company is responsible for billing, collecting and remitting the surcharge to the appropriate government agency.

Issued By:
Todd Roessler
Chief Executive Officer
207 East Cedar Street
Houston, Minnesota

Effective: October 1, 2013
Authorized:

Dated: August 30, 2013

REDACTED FOR PUBLIC INSPECTION

ACE TELEPHONE ASSOCIATION
d/b/a Ace Communications Group
STATE OF MINNESOTA

P.S.C. OF MN NO. 2
Section 5
Revised Sheet 4

LOCAL EXCHANGE SERVICE

LIFELINE AND MINNESOTA TELEPHONE ASSISTANCE PLAN (Continued)

7. Regulations

- a. The federal Lifeline and state TAP credit will begin at the customer's earliest possible billing cycle but no later than the second billing cycle after the date the application for the federal Lifeline and state TAP credit is received by the telephone company.
- b. A Service Charge shall not be billed to establish qualification for either the federal Lifeline or state TAP credit.
- c. When a customer enrolls for the state TAP credit, the Company is reimbursed for the cost of the service order activity.

8. Funding

The federal Lifeline credit is funded through the FCC universal service program. The state TAP credit shall be funded through the state Telephone Assistance Plan Surcharge on residence and business access lines which pay the 911 surcharge.

9. Rates

State TAP Surcharge

MONTHLY RATES

\$.05

P

The surcharge rate is the effective rate ordered by the Minnesota Public Utilities Commission. The company is responsible for billing, collecting and remitting the surcharge to the appropriate government agency.

N

Issued By
David C. Schroeder
Chief Executive Officer
207 East Cedar Street
Houston, Minnesota 55943

Effective: July 1, 2007
Authorized:

Dated: May 8, 2007

REDACTED FOR PUBLIC INSPECTION

Study Area Name: Ace Telephone Association
Study Area Code: 361346
State: Minnesota
Form 481 Line Number 3010

Milestone Certification (47 CFR §54.313(f)(1)(i))

Ace Telephone Association hereby certifies that throughout 2015, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream / 1 Mbps upstream, and currently, it is taking reasonable steps to provide upon reasonable request actual speeds of at least 10 Mbps downstream/1 Mbps upstream broadband service with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas and that requests for such service are met within a reasonable amount of time.

REDACTED FOR PUBLIC INSPECTION

REDACTED FOR PUBLIC INSPECTION

Study Area Name: Ace Telephone Association

SAC: 361346

State: Minnesota

Form 481 Line 3026

ATTACHMENT REDACTED IN ENTIRETY